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CONFIRMATION NO. 4057

<b>SERIAL NUMBER</b> 10/694,685	<b>FILING OR 371(c) DATE</b> 10/28/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 10276-078001 / JDP-078
<b>APPLICANTS</b> Andrzej S. Krolewski, Needham, MA; Marcus G. Pezzolesi, Somerville, MA; Terumasa Nagase, Matsuyama-Shi, JAPAN;				
<b>** CONTINUING DATA *****</b> <i>q</i> This appln claims benefit of 60/421,844 10/28/2002				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 02/04/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>John Gith</i> <i>q</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 65	<b>TOTAL CLAIMS</b> 45
<b>INDEPENDENT CLAIMS</b> 25				
<b>ADDRESS</b> 26161				
<b>TITLE</b> Type 2 diabetes mellitus genes				
<b>FILING FEE RECEIVED</b> 1696	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	